PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 27 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 97-03

DOCUMENT # 639953

1. Corporation Name

TONY'S CONSTRUCTION, Inc.

2. Principal Office Address		**3.** Mailing Office Address	
1541 Salerno Circle		1541 Salerno Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Weston, Florida		City & State: Weston, Florida	
Zip: 33327	Country:	Zip: 33327	Country:

4. Date Incorporated or Qualified To Do Business in Florida: 10/17/79

5. FEI Number: 59-2012915 — ☐ Applied For ☑ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: GALVEZ, ANTONIO

Street Address (P.O. Box Number is Not Acceptable): 1541 Salerno Circle

Suite, Apt. #, Etc.:

City: Weston | State: FL | Zip Code: 33327

800024165868
11/04/03--01040--009 **500.00
800024165868
11/04/03--01040--010 **500.00
800024165868
11/04/03--01040--011 **500.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date: 10/21/2003
REGISTERED AGENT MUST SIGN

800024165868
11/04/03--01040--012 **300.00

CR2E081 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

800024165868
11/04/03--01040--013 **300.00

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
P.VP.D	GALVEZ, ANTONIO	1541 Salerno Circle.	Weston, Florida. 33327
S. T.	MOLINA, ENRIQUE	1541 Salerno Circle.	Weston, Florida. 33327

800024165868
11/04/03--01040--014 **300.00
800024165868
11/04/03--01040--015 **100.00
800024165868
10/27/03--01035--012 **105.00
800024165868
11/04/03--01040--016 **75.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ Antonio Galvez — 10/21/2003 — 754-367 1827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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